### FORM D

# 1410155

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB Number:

3235-0076

OMB APPROVAL

April 30, 2008 **Expires** Estimated average burden

16.00 hours per response:

NOTICE OF SALE OF SECURITIES **PURSUANT TO REGULATION D.** SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix	Serial					
	DATE RECEIVE	D				
	1	1				

		1 1 1	`					
Name of Offering ( check if this is an amend	Name of Offering ( check if this is an amendment and name has changed, and indicate change.)							
Non-US Equity Managers: Portfolio 4 LLC:	Limited Liability Compa	ny Units						
Filing Under (Check box(es) that apply):	Rule 504	☑ Rulc 506	☐ Section 4(6)	□ ULOE				
Type of Filing:   New Filing  Amend	lment							
	A. BASIC IDENTI	FICATION DATA						
1. Enter the information requested about the is	sucr							
Name of Issuer ( check if this is an amenda	ment and name has changed	, and indicate change.	)					
Non-US Equity Managers: Portfolio 4 Lt	LC							
Address of Executive Offices (1	Number and Street, City, St	ate Zip Code)		(including Area Code)				
One New York Plaza, New York, New Yo			(212) 902-1000					
Address of Principal Business Operations	(Number and Street, City,	State and Zip Code)	Telephone Number	(Intiguiting Astra Code)				
(if different from Executive Offices)		PROCESSEI		-VUON &				
		<u> </u>	49	167000				
Brief Description of Business			4	. O SUUB				
To operate as a private investment fund.		APR 242008	\ / Man	• -				
•			198	hington, DC				
Type of Business Organization	11	KOMSON REUT						
corporation	<ul> <li>limited partnership, a</li> </ul>	fready formed	other (please spe	• -				
☐ business trust	<ul> <li>limited partnership, t</li> </ul>	o be formed	Limited Liability C	Company				
				<del></del> -				
	Mont	h Year						
Actual or Estimated Date of Incorporation or O	Organization: 0	6 0 7	☑ Actual	☐ Estimated				
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for								
Jurisdiction of Incorporation or Organization:	State: CN for Canada; FN for other foreign jurisdiction )  D E							
	State. Civ for Canada,							

#### GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-97)

2. Enter the information requested for the following:	
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>	
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a classification.</li> </ul>	ss of equity securities
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership</li> </ul>	ip issuers; and
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☑ Gener	ral and/or ging Partner
Full Name (Last name first, if individual)	
Goldman Sachs Asset Management, L.P. (the Issuer's Managing Member)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
One New York Plaza, New York, New York 10004	
Click Dox(6) (ligi Apply)	ral and/or iging Partner
Full Name (Last name first, if individual)	
Asali, Omar M.	<del></del>
Business or Residence Address (Number and Street, City, State, Zip Code)	
One New York Plaza, New York, New York 10004	
CRECK BOXIES) (list Apply,	ral and/or iging Partner
Full Name (Last name first, if individual)	
Barbetta, Jennifer	
Business or Residence Address (Number and Street, City, State, Zip Code)	
One New York Plaza, New York, New York 10004	
Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer*  Director  General	ral and/or aging Partner
Full Name (Last name first, if individual)	
Gottlieb, Jason	
Business or Residence Address (Number and Street, City, State, Zip Code)	
One New York Plaza, New York, New York 10004	
Check Boxles) that Apply. Direction Owner Discourse Direction	ral and/or aging Partner
Full Name (Last name first, if individual)	
Ort, Peter	
Business or Residence Address (Number and Street, City, State, Zip Code)	
One New York Plaza, New York, New York 10004	
Check Box(cs) that Apply. In Promoter In Beneficial Owner In Second Control In Secon	ral and/or aging Partner
Full Name (Last name first, if individual)	
Ross, Hugh M.	<u> </u>
Business or Residence Address (Number and Street, City, State, Zip Code)	
One New York Plaza, New York, New York 10004	1 - 16 -
Check Box(63) that Apply. Distributed Dist	ral and/or ging Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	

A. BASIC IDENTIFICATION DATA

				B. INI	FORMAT	ION ABO	UT OFFI	CRING				
							-				Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Ø			
			A	nswer also	in Appendi	x, Column	2, if filing u	nder ULOE	<b>i</b> .			
2. What is	s the minim	um investm	ent that will	be accepte	d from any	individual?					S	•
2. What is the minimum investment that will be accepted from any individual?  *The Issuer's Manager may in its sole discretion accept subscription amounts in whatever amount it determines is								Yes	No			
acceptable.  3. Does the offering permit joint ownership of a single unit?										. €3 E2		
		_										
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering.												
If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such									s of such			
	u broker or dealer, you may set forth the information for that broker or dealer only.											
Full Name	(Last name	first, if ind	ividual)									
Goldman,	Sachs & C	o.*										
	the securi			.h Caldona	n Sache fi	Co. 00.00	naniczione s	vill he naid	l directly o	e indicectly	for solicit	ing anv
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Business o	r Residence	Address (N	Number and	Street, City	y, State, Zip	Code)						
85 Broad	Street, Nev	Vark Ne	w Vork 100	ነበ4								
Name of A	Associated B	roker or De	aler	704				_	<del></del>			
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[RI]	(SC)	[SD]	[אדן]	(TX)	(υτ)	[ντ]	[VA]	[WA]	[WV]	(WI)	[WY]	[PR]
	(Last name	first, if ind	ividual)	<del></del>								
Business o	or Residence	Address (1	Number and	Street, City	y, State, Zip	Code)						
		,										
Name of A	Associated E	Iroker or Do	aler									<del></del>
				<del></del>					-			
States in V	Vhich Perso All States"	n Listed Ha or check inc	is Solicited ( lividual Stat	or intends t	o Solicit Pu	rchasers					🗆 AI	States
			[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	[ID]
(AL) (IL)	[AK] [IN]	(AZ) [IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	(MS)	[MO]
(IL) (MT)	[NE]	[NV]	(NH)	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]
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	<b>(</b>	,	ŕ									
Business	or Residence	e Address ()	Number and	Street, Cit	y, State, Zip	Code)						
<b></b>		•			•							
Name of A	Associated E	Broker or De	ealer					<del></del>				<del></del>
	Which Perso								-			All Cara-
•	All States"						·····		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			All States
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	(ME)	[MD]	(MA)	[MI]	[MN]	(MS)	(MO)
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	(OR)	{PA] [PR]
[RJ]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	<u> [1 1/2]</u> _

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \Pi \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate Offering Price		A	mount Already Sold
	Debt	<b>s</b> _	0	5		0
	Equity	S	0	\$		. 0
	☐ Common ☐ Preferred	_				
	Convertible Securities (including warrants)	<b>s</b> _	0	5		0
	Partnership Interests	s	0	\$	_	0
	Other (Specify): Limited Liability Company Units	\$_	705,075,494	\$		705,075,494
	Total			S		705,075,494
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					Aggregate
			Number Investors			Oollar Amount of Purchases
	Accredited Investors	_	467	\$	_	705,075,494
	Non-accredited Investors	_	0	\$		0
	Total (for filings under Rule 504 only)		N/A	S	_	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		<del></del>			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Typ <b>e</b> of			Dollar Amouni
	Type of offering		Security			Sold
	Rule 505	_	N/A	S		N/A
	Regulation A		N/A	S		N/A
	Rule 504		N/A	S		N/A
	Total	_	N/A	S		N/A
t t	i.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees			\$	_	0
	Printing and Engraving Costs		0	5	_	0
	Legal Fees		図	S	_	138,074
	Accounting Fees			5	_	0
	Engineering Fees			S		0
	Sales Commissions (specify finders' fees separately)		0	S	_	0
	Other Expenses (identify)			\$		0
	Total		Ø	\$		138,074

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXP	ENS	ES A	ND USE OF PI	ROCE	EDS	<del></del>
	b. Enter the difference between the aggregate offering price given in response to - Question 1 and total expenses furnished in response to Part C - Question 4.a difference is the "adjusted gross proceeds to the issuer."	. Th	is		<b>s</b> _	•	704,937,420
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or preto be used for each of the purposes shown. If the amount for any purpose is not furnish an estimate and check the box to the left of the estimate. The total payments listed must equal the adjusted gross proceeds to the issuer set forth in reto Part C - Question 4.b. above.	knowi of th	1, IC	Payments to			
				Officers, Directors, & Affiliates			Payments To Others
	Salaries and Fees		<b>s</b> _	0		<b>s</b> _	0
	Purchase of real estate		<b>s</b> _	0		<b>s</b> _	0
	Purchase, rental or leasing and installation of machinery and equipment		<b>s</b> _	0	. 0	<b>s</b> _	0
	Construction or leasing of plant buildings and facilities		\$_	0	0	<b>s</b> _	0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		s	0		<b>s</b> _	0
	Repayment of indebtedness		s	0		\$	0
	Working capital		s	0	_	s	0
	Other (Specify): Limited Liability Company Units		-	0	- 20	5	704,937,420
	Column Totals		_		- Ø	s	704,937,420
	Total Payments Listed (column totals added)				704,9	37,42	
	D. FEDERAL SIGNATU	RE					
4	The issuer has duly caused this notice to be signed by the undersigned duly authorillowing signature constitutes an undertaking by the issuer to furnish to the U.S. Sofits staff, the information furnished by the issuer to any non-accredited investor pure	ecunt	ies ar	d Exchange Comi	mission,	upon	r Rule 505, the written request
	suer (Print or Type) On-US Equity Managers: Portfolio 4 LLC			Date April 17, 2008			
	arne of Signer (Print or Type)  Title of Signer (Print or Type)  Assistant Secretary of the Iss		Man	nging Member			

**END** 

## ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).